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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUB-CLASS	FILING DATE	
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	AL1						Yes No	
	AM1						Yes No	
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	AN1						Yes No	
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EXAMINER: I	Initial if refe	rence considered, wh	ether or not citatio	n is in conformance with MPEP 609	. Draw line th	nrough citation if n	ot in conformance	
and not consid	dered. Inclu	de copy of this form	with next communi	cation to Applicant.				